

MDR Tracking Number: M5-04-2599-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 4-19-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The muscle testing, nerve conduction and sensory nerve latency rendered on 1/08/04 **were found** to be medically necessary. The office consultation and pair of electrodes rendered on 1/08/04 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 1/08/04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 14th day of July 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rle

June 29, 2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-2599-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurology. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was injured on the job on ___ when she stepped in a pot hole, twisted her right knee and fell to the ground. An MRI performed on 12-5-2003 of the right knee showed degenerative changes and the right ankle showed finding consistent with traumatic sinus tarsi syndrome. Dr. V's impression after a physical examination was: (1) right knee strain with meniscal injury, (2) mild right patellofemoral arthralgia and (3) right ankle traumatic sinus tarsi syndrome. An EMG/NCV of the right lower extremity was performed on 1-08-2004 and demonstrated findings "strongly suggestive of the clinically suspected tarsal tunnel syndrome." ___'s right knee symptoms did not improve and on 2-05-2004 Dr. V performed a right mediolateral meniscectomy, lateral release, medial abrasion chondroplasty of the median femoral condyle, plica excision, and injections of the pes anserinus. She was released to full duty on 3-31-2004 with a 4% whole person impairment.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of an office consultation, muscle test, electrodes-pair, RT nerve conduction-no F wave, RT sensory-each nerve.

DECISION

The reviewer agrees with the previous adverse determination regarding the office consultation and the electrode pair. However the reviewer disagrees with the previous adverse determination regarding the muscle test, nerve conduction and sensory nerve latency.

BASIS FOR THE DECISION

The reviewer states that the submitted charges for the office consultation are not reasonable or medically necessary as a consultation is an expected part of the Electrodiagnostic encounter and is not billable as a separate service according to the AAEM Proposed Guideline for Electrodiagnostic Medicine. Also, the request for electrode pain is not reimbursable as this is routine medical equipment used to perform the electrodiagnostic evaluation.

Regarding the remaining items in dispute, the reviewers state that an EMG/NCV study would not be used to diagnose sinus tarsi syndrome; however, it would be helpful to exclude other causes of foot pain.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,